

## Marietta Power & Water Toilet Retrofit Rebate Program

(Form must be *completely* filled out)

By submittal hereof, customer acknowledges that the rebate shall be paid by a one-time credit to be applied to customer's Marietta Power & Water bill. Customer also acknowledges that the credits are as follows: \$100.00 for WaterSense Labeled High Efficiency Toilets. Customer further acknowledges that the rebate program is subject to available funds and may be cancelled at any time without notice. Credit is available only for qualifying toilets as determined by the Cobb County Water System.

<b>Customer Information (Must be f</b>	illed out <u>completely</u> )
Name:	Account Number:
Installation Address:	
Mailing Address:	
	Work Phone:
<b>Household Information (House m</b>	ust be built prior to 1993 to qualify)
Date Home Built	(Optional)
Replacement Toilet	
Installation Date:	(Must be after 9/20/07) Installed By:
Purchase Date:	Price: \$
Make/model Number(s) (Required	/):
qualifying toilet and dispose of my conducted to verify toilet replacem installed by a licensed plumber: Water Marketing Department for a comply with all of the requirement	et credit policy, as stated above. I understand to receive this credit; I must install a current toilet so that it may not be reused. I also understand a site visit, may be ent. The <b>original proof of purchase receipt along with installation receipt if</b> must be attached with this application and submitted to the Marietta Power and pproval within 60 days of purchase. I certify by my signature below that I will ents of the rebate program, and further acknowledge that providing any false minal penalties under O.C.G.A.§ 16-10-20 up to and including a fine of \$1000.00
Submit Applications to:	
Marietta Power & Water Attn. Marketing Department Rebate 675 North Marietta Parkway Marietta, Georgia 30060	Program Coordinator
Applicant's Signature	Date:
	Marietta Power & Water Staff Use Only
Application Number:	Date Application Received:
Rehate Amount:	Program Coordinator's Approval:

Date Submitted to Billing Department:\_\_\_\_\_\_ Final Office approval date & initial\_\_\_\_\_